

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5069HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/05/2009
NAME OF PROVIDER OR SUPPLIER L&M RESIDENTIAL CARE FACILITY 2		STREET ADDRESS, CITY, STATE, ZIP CODE 9550 GONDALIER ST LAS VEGAS, NV 89178		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigations conducted in your facility 9/24/09 to 11/5/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was one. One resident file were reviewed and four employee files were reviewed.</p> <p>Complaint #NV00023405, NV00023230 and NV00023247 were substantiated and the following regulatory deficiencies were identified:</p>	H 000		
H 017	<p>Director Duties-Protective Supervision</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (3) Protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review 9/24/09 to 11/5/09, the facility failed to provide adequate services to provide for the</p>	H 017		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 017	<p>Continued From page 1</p> <p>physical, mental and emotional well-being of 1 of 2 residents (Resident #1).</p> <p>Findings include:</p> <p>Facility records showed Resident #1 was admitted on 10/15/08. a rate agreement was signed between the facility director, Employee #1, and the resident's niece and responsible party. The resident's niece was interviewed on 11/2/09 and gave the following course of events:</p> <p>July 2009: The director informed Resident #1's niece she received a letter from the Governor's office informing her that Homes for Individual Residential Care (HIRC) facilities could not administer insulin to insulin dependent residents. Resident #1 was insulin dependent. At that time, the niece could not find an appropriate facility to place the resident in. The director and the niece agreed to have Resident #1 continue to live at the facility.</p> <p>August, 2009: Resident #1's niece was approached by the director requesting an additional \$400 a month to take care of the resident. According to the niece, she received three additional requests from the director for a rate increase.</p> <p>September 29, 2009: Resident #1's niece was informed that the facility's caregiver had resigned and the resident would need to be moved to L&M Residential Care Facility #1.</p> <p>October 3, 2009: Resident #1 was told the resident was moved back to L&M #2 for the weekend because the caregiver at L&M #1 left town for personal reasons. L&M #2 was also the director's personal residence, and the director</p>	H 017			

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H 017	<p>Continued From page 2</p> <p>told the niece she would be able to care of the resident. During the weekend, the resident was reported to have become ill</p> <p>October 6, 2009: Resident #1 was transported to Southwest Medical Urgent Care for treatment. The resident was taken back to L&M #1. On the evening of the 10/6/09, the resident was taken to L&M #2 because the caregiver at L&M #1 was leaving to visit a friend. The niece was informed by the director that the caregiver of L&M #1 never returned and the resident would stay at L&M #2.</p> <p>October 7, 2009: Resident #1 was moved from L&M #2 to an unlicensed facility. The resident's niece was told that the move would be temporary and would last only a week. However, the niece later learned that unlicensed facility owner was told by the director of L&M #2 that the resident would live with her permanently. The niece was informed that the reason for the move was that the director had to go to back to work so there would be no one in the homes to care for the resident.</p> <p>October 15, 2009: Resident #1's niece reported she called the director to seek a clarification on whether the resident would be returning to either of the L&M facilities. The niece was also trying to obtain the resident's clothing and insulin supplies that were left at L&M #2. The niece was unable to reach the director.</p> <p>October 16, 2009: Resident #1's niece called Senior Dimensions referral service to let them know that she was unsuccessful in getting in touch with the director of L&M #1 and #2 to secure the resident's property. The niece informed Senior Dimensions that the resident was moved to an unlicensed facility. The</p>	H 017			

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H 017	<p>Continued From page 3</p> <p>representative indicated that this was unacceptable and would assist the niece in finding a licensed group home for the resident.</p> <p>October 16, 2009 evening: The director contacted the niece and said she did not call back because she was recovering from an accident that occurred on the job.</p> <p>October 17, 2009 morning: The director returned Resident #1's personal property.</p> <p>October 19, 2009: Resident #1 was moved to a licensed group home.</p> <p>On 11/2/09, the director's husband, Employee #2, and another caregiver, Employee #3, were interviewed at the facility. The files of the director and Employee #2, #3 and a fourth employee were reviewed. Employees #2, #3 and #4 have the same last name as the director. The director's husband was queried as to why Resident #1 was moved back and forth between L&M #1 and #2, and then to an unlicensed facility. The husband said that the surveyor would need to contact the facility director. Attempts were made to contact the director and the director did not return phone calls.</p> <p>On 11/2/09, there was one resident was in the facility, Resident #2. During interviews with Resident #1's niece she reported she thought Resident #2 was being used by the director as a caregiver. The director's husband claimed that Resident #2 suffered from mental illness and believed that she was a caregiver. During a complaint investigation on 9/30/09, the surveyor found Ms. Totentino left alone with a resident because the caregiver went to L&M #1 to cover for a caregiver found to have active TB.</p>	H 017			

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H 019	<p>Director Duties-No FA/CPR</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.</p> <p>This Regulation is not met as evidenced by: Based on record review, observation and interviews, the director failed to ensure there was a caregiver to supervise 1 of 1 residents on 9/24/09 (Resident #1) and did not ensure 1 of 3 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee #1).</p> <p>Findings include:</p> <p>The Bureau received information at 4:45 PM on 9/24/09 that the facility did not have a caregiver in the home. Attempts were made to contact the facility's director, who did not answer the phone calls. A message was left concerning the issue at the facility. A phone call to the facility at 5:15 PM confirmed there was no caregiver present. The person on the other end of the line identified herself as a boarder and indicated that there was no caregiver to talk to on the premises.</p> <p>An onsite visit was conducted at 5:30 PM on 9/24/09, and an interview was conducted with the boarder. The Boarder stated she was acting in the capacity of a caregiver for the one resident in the facility. The boarder reported she did not have a copy of her rental agreement but provided an</p>	H 019		

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H 019	Continued From page 5 expired cardiopulmonary resuscitation (CPR) and first aid card that expired in 2004. The boarder did not have evidence of tuberculosis (TB) testing. The surveyor saw and spoke to Resident #1. The resident reported she was doing fine. The surveyor determined that the resident was not in immediate jeopardy but that there was no caregiver on the premises.	H 019			
H 050	Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or	H 050			

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H 050	Continued From page 6 a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines	H 050			

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H 060	<p>Continued From page 8</p> <p>6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/2/09, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).</p>	H 060			

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